



Form 2 **Massachusetts Fiduciary Income Tax Return**

Massachusetts
Department of
Revenue

		nents if more space is				
Nome on	year January 1–December 31, 1999 or other	r taxable year beginni		1999 and ending		
Name and title of fiduciary Name of entity Mailing address of fiduciary			1 Check applicable boxes: First return			
City	ty State Zip		Check applicable box if: Using whole dollar metho	☐ Your name or address changed since 1998		
C/o	Company account i	number	U.S. taxpayer number	Date entity cre		· •
	2 Beneficiaries:	3 Soc. Sec. number	er 4 Legal domicile	5 Total income	6 Perc	entage (b) Taxabl
Information	7 Accumulated income			▶7		
ے آ			Total	▶8	100%	
Beneficiary	9 Remaindermen:					
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10	10 Accumulated capital gain			▶10		
			Total	▶11	100%	
1:	12 Wages, salaries, tips and other employee of	ompensation	12		7	
	13 Taxable pensions and annuities			-	⊣	
1	•		13			
	Business/profession or farm income or (loss				+	
	•	s). See instructions for a	attachments 14		-	
1	Business/profession or farm income or (loss	s). See instructions for a). Attach Schedule E and	attachments			
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1:	Business/profession or farm income or (loss) Rental, royalty and REMIC income or (loss) Interest from Massachusetts banks. List Ma Total interest from Massachusetts banks	s). See instructions for a). Attach Schedule E and assachusetts banks and	attachments]	
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Warning: Willful tax evasion — including underreporting income, overstating deductions or exemptions, or failing to file and otherwise evade taxes — is a felony. Conviction can result in a jail term of up to five years and/or a fine of up to \$100,000.